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# TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b>  <i>(To be used for all correspondence after initial filing)</i>	Application Number	10/613,525
	Filing Date	July 3, 2003
	First Named Inventor	Hiroyasu Inoue
	Art Unit	2655
	Examiner Name	
	Attorney Docket No.	890050.433

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input checked="" type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):<br><u>Copy of Notice to</u><br><u>File Missing Parts</u><br><hr/> <hr/> <hr/> |
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**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	David V. Carlson	Customer Number 00500
Signature		
Date	October 28, 2003	

**CERTIFICATE OF TRANSMISSION/MAILING**

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